

AOA fighting insurance reforms that override patient protections

A proposed federal overhaul of the health insurance market could substantially restrict patient access to care by effectively nullifying most patient protection laws enacted at the state level, the AOA Advocacy Group warns.

AOA is leading a major nationwide effort aimed at drastically overhauling or defeating in the U.S. Senate the so-called "Health Insurance Marketplace

Modernization and Affordability Act" (S. 1955), as this *AOA News* goes to press.

Backed by a well-financed coalition of business, insurance and special interest groups, the legislation represents a renewed effort to enact a package of insurance reforms long considered a top priority by the Bush administration and Republican leaders in Congress, including Sen. Majority Leader Bill Frist, M.D.,

of Tennessee.

With the measure appearing to gain further momentum on Capitol Hill at press time, Jon Hymes, director of the AOA Washington office, urged optometrists to let their U.S. senators know how severely patients would be harmed if the bill were allowed to pass in its current form.

"With some in

see Override, page 12

Vegas could be largest AOA meeting ever

Registration for Optometry's Meeting™ is well ahead of normal pace with Las Vegas expected to be the largest meeting yet.



Room blocks at the official AOA and AOSA hotels are filling fast, and the deadline to receive the early bird registration discount is quickly approaching.

Attendees registering prior to April 15 can take advantage of the early bird discount on continuing education.

Education courses are available every day of the meeting.

In addition to education, Optometry's

see Vegas, page 15

InfantSEE™ program set sights on 100,000 visits

The InfantSEE™ program announced its goal to reach 100,000 infant eye assessments by the end of 2006.

The 7,300 doctors enrolled as InfantSEE™ providers reported having already seen 7,028 babies as of March 7.

With over 90,000 more infant assessments needed to reach the goal, doctors need help developing a strategy for seeing patients through the InfantSEE™ program, as well as increasing the number of completed forms they submit, said Scott Jens, O.D., InfantSEE™ committee chair.

"We spent over two years trying to get enough AOA members enrolled to launch the program nationally," said Dr. Jens. "Now that we have more than 7,000 participating optometrists available to the public, we realized that we need to ask something more fundamental of our doctors in order to get the program to that next level—their active involvement. It is important that InfantSEE™ providers create strong action plans for implementing InfantSEE™ within their practices. They need to promote the program, schedule assessments

and see babies. As they are the ambassadors of the program, we can't expect ads or anyone else to get the word out."

If each participating doctor performed even one eye assessment per month, the number of infants served by the InfantSEE™ program will number 100,000.

To meet the InfantSEE™ goal, Dr. Jens said providers can target the following groups:

- ❖ Current patients—not just mothers and fathers, but grandparents, aunts, and uncles can spread the word about the InfantSEE™ program.
- ❖ Allies in health

care—plenty of individual pediatricians, family practitioners and nurse practitioners will recommend the assessments to parents.

❖ Community outreach—parents groups, rotary clubs, etc., welcome speakers and information.

In addition, the InfantSEE™ committee is working on promotional material that will help publicize the program to each target group.

Optometric practices must be the ambassadors of the program, and to serve that role, InfantSEE™ brochures, in English and Spanish, can be ordered through the AOA.

InfantSEE™ bracelets are already available for distribution to patients, and the committee is in the process of creating in-office display templates, which will be

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At A Glance: Children's Vision



The InfantSEE™ program has a goal of reaching 100,000 infant assessments by the end of the year.

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American
Optometric
Association
243 N. Lindbergh Blvd.
St. Louis MO 63141
800 365-2219
www.aoa.org

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AOA News Staff

www.aoanews.org

Bob Foster
EDITOR-IN-CHIEF
RAFOSTER@AOA.ORG

Bob Pieper
SENIOR EDITOR
RFPIEPER@AOA.ORG

Tracy Overton
ASSOCIATE EDITOR
TLOVERTON@AOA.ORG

Stephen M. Wasserman
DIRECTOR, COMMUNICATIONS GROUP
SMWASSERMAN@AOA.ORG

Advertising

DISPLAY ADVERTISING
MARY ELIZABETH GRAY

ADVERTISING SALES REPRESENTATIVE
ELSEVIER
360 PARK AVENUE SOUTH
NEW YORK, NY 10010-1710
(212) 633-3173
FAX: (212) 633-3820
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CLASSIFIED ADVERTISING
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360 PARK AVENUE SOUTH
NEW YORK, NY 10010-1710
(212) 633-3986
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Kehoe files for office of AOA vice president

Peter H. Kehoe, O.D., has filed for the AOA office of vice president.

Dr. Kehoe is currently the secretary-treasurer and was elected to the AOA Board of Trustees in June 1999 and re-elected in 2002.

In addition to his responsibilities as secretary-treasurer, Dr. Kehoe serves as chair of the Constitution and Bylaws and Finance committees and is a member of the Executive, Program Planning, and Building committees.

His current AOA board liaison duties include Optometry's Meeting™ and the states of Alaska, Arizona, Hawaii, Nevada, and Oregon.

Throughout his Board of Trustees

tenure, he has been active with school visits, student and state leadership development programs, and strengthening affiliate relations with AOA.

A special area of interest has been developing children's vision programs, including facilitating the Infants' and Children's Vision Coalition and most recently serving on the management team for the InfantSEE™ program.

Prior to his election to the AOA Board of Trustees, Dr. Kehoe held a variety of volunteer appointments within AOA, including chair of the State Government Health Care Legislation Committee. He was also the Illinois Congressional Keyperson coordinator.

Dr. Kehoe is a past

president of the Illinois Optometric Association (IOA) and was selected as its 2001 Optometrist of The Year and 2004 Keyperson of The Year. He continues to serve on the IOA's Legislative Committee and is an active Keyperson to his state and federal legislators.

Dr. Kehoe is a graduate of the Illinois College of Optometry and recently retired as vice president of its Alumni Council. A Fellow of the American Academy of Optometry, he is in private practice in Galesburg, IL, and also served as a past president of the Galesburg Lions Club.

He resides in Galesburg, IL, with his wife, Melissa, and daughters, Alexandra and Kathryn.



Peter H. Kehoe, O.D.

Direct phone lines to AOA staff to be available

AOA's updated phone system was scheduled to enter service March 31 at the St. Louis office, with the Washington office scheduled to follow April 13.

The new system provides AOA with additional resources that better allow AOA to serve its members, such as direct lines to staff.

The main phone numbers will remain the same:

- ❖ The toll-free AOA number is (800) 365-2219.
- ❖ The St. Louis office's local number is (314) 991-4100, and the fax num-

ber is (314) 991-4101.

- ❖ The Washington office's local number is (703) 739-9200.

Callers to the AOA should note that individual extensions have changed. To find the new extensions, visit www.aoa.org.

When calling, please listen carefully to instructions for reaching the new extensions.

If you do not know your party's new extension, you may select it from a directory or speak with an operator during normal business hours, 8 a.m. to 5 p.m. CST weekdays.

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Glance at the States

Puerto Rico enacts law requiring eye exams for schoolchildren

A study by the optometry school showed that nearly 20 percent of children in the public school system have an eye anomaly or dysfunction requiring correction or treatment.

The Governor of the Commonwealth of Puerto Rico, Anibal Acevedo-Vila, signed Law 62 on Feb. 17 amending the *Children and Adolescents Health Conservation Act* of 2000 to require visual evaluations by an optometrist or ophthalmologist for children in all public and private schools, including day care centers and Head Start centers.

The prior law enacted in 2000 only required visual acuity testing that missed many instances of children needing treatment and correction.

"In effect, the law will require that more

than 600,000 children in our public and private schools receive an eye examination as a prerequisite for registration in school," said Hector Santiago, O.D., dean of the Inter American University of Puerto Rico School of Optometry.

"In addition, Law 62 requires now that a visual professional be a member of the physical evaluation panel of the Department of Education of Puerto Rico. The panel will now include a pediatrician, an occupational therapist, a speech pathologist, and an optometrist or ophthalmologist," he said.

Rep. Jose Chico Vega (New Progressive Party) introduced the bill, which was supported by the Inter American University of Puerto Rico School of Optometry and the local optometric association, Colegio de Optometras de Puerto Rico.

A study by the optometry school showed that nearly 20 percent of children in the public school system have an eye anomaly or dysfunction requiring correction or treatment.

"The Colegio de Optometras de Puerto Rico and Inter American University of Puerto

Rico School of Optometry will be working together to inform educators, school directors, parents and the general public on the importance of a comprehensive visual examination to provide the children of Puerto Rico with the visual skills and competencies necessary for academic success," Dr. Santiago said.

"Given the wide distribution of optometrists on the island, with over 500 practicing ODs, it is expected that the number of children examined will increase significantly in the next few years," he said.

InfantSEE™, from page 1

available soon.

The InfantSEE™ Web site features letters designed for pediatricians, as well as other communication tools, at www.infantsee.org.

In fact, the InfantSEE™ Web site is a great tool available for both patients and optometrists. Practices with their own Web sites can provide a link to www.infantsee.org as well.

For presentations to community groups, the Web site offers helpful PowerPoint slides.

Any participating doctor can enter the "Doctor Center" of the InfantSEE™ Web site by clicking "Login" and providing their AOA member number and date of birth.

"If they want to make a big impact, they could even find a pediatric optometrist or ophthalmologist to present with them and really show the community

clubs that eye doctors are serious about providing this as a service," Dr. Jens said.

While InfantSEE™ providers have only reported seeing 7 percent of the patients needed to meet the goal for this year, the actual numbers may be much higher.

"We may have overestimated how easy it is to submit report forms," said Dr. Jens. "There's lots of anecdotal evidence that doctors are not sending in forms for every child they see.

Some are just too busy to send them in."

It's important to increase compliance with standard reporting of exam forms in order to meet clinical guidelines and to support the data collection process for InfantSEE™, said Dr. Jens.

"I am imploring doctors to note that it's not just to make us feel good about how many

assessments have been done, but that we really need the numbers," he said. "Our committee is currently operating under the assumption that twice as many have been seen as have had forms sent in, but we can't guess our numbers at the end of the year."

Dr. Jens stressed that 100,000 infant eye assessments was a reasonable number for the year and that he expected success.

Dr. Jens noted the high level of community outreach garnered through the program.

He discussed the new award recognizing an individual doctor of optometry who made significant contributions to optometry or his/her community for outstanding public service involving the InfantSEE™ program.

In recognition of the importance of the community service component of InfantSEE™, the American Optometric

Institute (AOI), a 501 (c)(3) educational and charitable entity created by AOA, announced the creation of "The Dr. W. David Sullins, Jr. InfantSEE™ Award" last month.

At the forefront of developing this award were two of Dr. Sullins' closest colleagues, Drs. James Sandefur and Irving Bennett.

"Having worked with David to see through his vision of a benevolent infant eye care program, I am delighted that AOI recognized his initiative, and I know David would be thrilled to know how many doctors have become ambassadors for the program without even a nudge," said Dr. Sandefur.

"Not only will babies have gained by being diagnosed earlier, but optometry will have gained by upholding our oath to serve the public," Dr. Jens said.



After rejecting law, Indiana may study 'private label' contact lens issue

Although the Indiana General Assembly rejected legislation in January that would have essentially banned the marketing of contact lens lines exclusively through eye care practices (see AOA News, March 23), the state legislature may be forced — "reluctantly" — to visit the so-called "private label" issue yet again.

Apparently responding to a last-ditch effort by a lobbyist for 1-800 Contacts, the Indiana House Rules Committee, on the last day of the legislative session (March 14), called for a possible interim committee study on alternative channels of distribution for contact lenses.

The move came despite testimony from both the Indiana Optometric Association and the Indiana Academy of Ophthalmology against the measure.

The motion passed on a 6-3 vote, with four committee members officially voting "reluctant yea."

The House Rules Committee chair had to call three times for a second before any committee member would help move the measure.

The full House later approved the resolution by voice vote seconds before the midnight deadline for session to end.

The resolution will be considered, this month (April) or next (May), by the Indiana House's Legislative Council, a standing committee of legislative leaders that determines the issues to be considered by interim study committees.

The resolution is advisory, not binding.

Legislation seeking to ban "doctor only" contact lens brands has been introduced in at least six states so far this year as the result of an aggressive, multi-state lobbying effort by 1-800 Contacts, the nation's largest contact lens retailer, according to the AOA State Government Relations Center (AOA-SGRC).

The legislation would generally limit the prescribing of contact lenses to brands listed on a state-maintained formulary.

In order to have a contact lens brand listed on the formulary, the manufacturer would have to certify that their lenses would be widely available in a commercially reasonable and non-discriminatory manner to a variety of "alternative channels of distribution" including mail order companies, Internet retailers, pharmacies, buying clubs, department stores, or mass merchandise outlets.

In some of the bills, eye care practitioners who prescribe lenses not listed on the formulary would be subject to penalties.

AOA-SGRC opposes the legislation as flawed, unnecessary, and unduly restrictive.

The screenshot shows an eBay listing for a business. The title is "COMPLETE FAMILY EYE CARE PRACTICE OPTOMETRY BUSINESS" with item number 4433392803. The price is listed as US \$460,000.00. The listing date is Jan-14-06 18:42:07 PST. The location is Wilkes Barre, PA, United States. The seller is "pennsylvania trading company" with a feedback score of 99.6% Positive. The description includes details about the property: 226 Carey Ave, Wilkes Barre, PA 18702, 3448 sq ft, built in 1928, available for rent. The listing also includes a "Meet the seller" section and a "Buy safely" section.

OD selling practice on eBay; launches bid for PA state house

The eBay Web site is touted as the place where you can get whatever "it" is. The "it" in this case is an optometric practice.

Brian O'Donnell, O.D., of Wilkes-Barre, PA, made the decision to put his practice, which is the only listing of its kind, on eBay in preparation for his bid to run for the Pennsylvania House of Representatives.

The choice to go through the online auction Web site instead of a business broker was based on finding a "creative way to get to the largest amount of potential buying public in an expeditious fashion," said Dr. O'Donnell.

He's selling his practice for an advertised price of \$450,000, which includes equipment, supplies, related products, and an established patient base.

Dr. O'Donnell said he has received numerous responses to his advertisement, some of which come from very "interested" parties and some of which come from "interesting" parties.

To view the listing

on eBay, visit www.ebay.com and select item number 4433392803.

Putting his practice on eBay is not the only route Dr. O'Donnell is considering.

"This is just one

Dr. O'Donnell said he has received numerous responses to his advertisement, some of which come from very "interested" parties and some of which come from "interesting" parties.

avenue being explored," he said. "There are a few other options available, including hiring an associate, taking on a business and/or professional partner, or possibly becoming someone's employee. The eBay idea has afforded me interested parties for each of those options."

Each option would provide possibilities to Dr. O'Donnell while serving in the state legislature.

Dr. O'Donnell, a Democrat, hopes to replace Rep. Kevin Blaum who decided not to seek re-election after 13 terms.

"I'm really excited,"

Dr. O'Donnell said.

"I feel like I'm living out a purpose that allows me to be involved in effecting positive change and still be part of the wonderful profession of optometry. Each of these activities allows for me to help propel and improve lives."

The primary election for state representative will be held May 16.

The upbeat Dr. O'Donnell said that regardless of

the election outcome, he does not plan to continue in a solo practice.

"My view of life is that nothing stays the same," he said. "You either grow or diminish. To get to the next level, I have to have another doctor. So no matter what, I need to be with another doctor."

Donations to Dr. O'Donnell's campaign may be sent to the O'Donnell for Representative Committee at 228 Carey Ave., Wilkes-Barre, PA 18702.

For more information, visit www.voteodonnell.com or e-mail info@voteodonnell.com.

Federal employees to get enhanced vision care program this fall

Federal employees and retirees will become eligible for a greatly enhanced vision and dental care program this coming December, according to the U.S. Office of Personnel Management (OPM).

Required by Congress under the *Federal Employee Dental and Vision Benefits Enhancement Act of 2004*,

the new program will allow federal workers and retirees to purchase vision and dental care coverage through a federally sponsored purchasing pool.

AOA actively supported the legislation along with a coalition of federal employee and health advocacy organizations.

Nearly 4 million current and retired federal employees will be eligible to enroll in the new dental and vision benefits programs.

Federal employees now have coverage for medical care as well as some meager dental and vision benefits under the Federal Employees Health Benefits (FEHB) and Flexible Spending Accounts (FSAFEDS) programs.

However, reimbursement levels and annual maximum benefits fall short of those provided by large companies, according to congressional testimony.

Unlike the FEHB and FSA programs, the federal government will not subsidize the new

vision and dental coverage programs.

Federal employees and retirees will have to pay extra, out of pocket, for the additional coverage.

However, the new dental and vision care coverage is expected to prove highly popular.

Surveys of employees consistently have indicated their desire for enhanced dental and vision benefits, OPM notes.

The new dental and vision benefit is patterned after the Federal Employees Long-Term Care Insurance Program, under which federal employees can participate, paying the premium costs.

Like the FEHB program, the new dental and vision care programs will be administered through a combination of nationwide and regional insurance companies that will offer a variety of benefit packages to meet the diverse needs of the federal employee and annuitant populations.

Insurance companies turned in their proposals last month, and OPM plans to wrap up negotiations and award contracts by late May.

Eligible individuals will be able to choose benefits that cover dental care, vision care, or both.

Coverage can be elected for the enrollee only, the enrollee plus one other person, or the enrollee and his or her family.

Federal employees and retirees will begin signing up for the new vision care coverage during this fall's "Open Season" enrollment

period for the FEHB and FSAFED programs, according to OPM.

In 2006, the Open Season for FEHB, FSA and dental and vision benefits will run from mid-November to mid-December.

OPM had considered rolling out the new vision and dental programs this July.

However, the office later determined a year-end enrollment period, coinciding with that of the FEHB and FSAFED programs, would better allow eligible individuals access to the full complement of information they need to compare the features of each program and to make informed choices on benefits and coverage levels. In addition, the end-of-year start of benefits gives enrollees the opportunity to take into account tax and other financial planning considerations, according to OPM.

The *Federal Employee Dental and Vision Benefits Enhancement Act* (S. 2657) was signed into law (Public Law 108-496) by President George Bush, Dec. 2, 2004, following approval by unanimous consent in the Senate on Nov. 20, 2004, and approval on a voice vote (indicating overwhelming approval) in the House of Representatives on Dec. 6, 2004.

Senate Governmental Affairs Committee Chair Susan Collins (R-ME) was the primary sponsor of the legislation, with five cosponsors including Sen. Daniel Akaka (D-HI), the ranking Democrat on the Senate Financial Management, the

Budget, and International Security Subcommittee.

Identical legislation (H.R. 4844) was introduced in the House by Rep. Jo Ann Davis (R-VA) and Rep. Tom Davis (R-VA), at about the same time with a third bill (H.R. 3751), introduced by Rep. Davis, to study options for enhancing the dental, vision and hearing benefits available to federal employees and retirees.

In addition to AOA, the *Federal Employee Dental and Vision Benefits Enhancement Act* was endorsed by the American Federation of Government Employees, the National Treasury Employees Union, the National Association of Dental Plans (NADP), the American Dental Hygienists' Association, CompBenefits, the International Federation of Professional and Technical Engineers, AFL-CIO, and the Partnership for Public Service.

"The federal government's most important asset is its human capital. The opportunity for employees to purchase enhanced dental and vision coverage will help the government stand on a more equal footing with other public and private employers that also seek to recruit and retain a highly qualified workforce," Sen. Collins said after the legislation won Senate committee approval.

The legislation calls on Congress to study the feasibility of eventually providing an employer contribution for vision care.

AOA actively supported the legislation. Nearly 4 million current and retired federal employees will be eligible to enroll in the new dental and vision benefits programs.

AOA winning expanded role for ODs in SS disability cases



The Social Security Administration (SSA) is preparing to expand the role optometrists play in determining whether people are eligible for disability benefits due to blindness.

Under proposed new rules, SSA would recognize optometrists as "acceptable medical sources for determining visual disorders." At present, optometrists are authorized only to assess visual acuity and visual fields when determining whether a patient meets SSA's criteria for blindness.

In announcing the planned rule change March 1 in the *Federal Register*, SSA administrators cited growth in the scope of optometric scope of practice as authorized in state practice laws across the nation.

The proposed rule change comes as the result of a decade-long effort by AOA to expand the role of optometrists as acceptable medical sources for the Social Security system, administrators noted.

"This is a significant national victory for optometry, made possible by a determined effort by AOA Advocacy Group volunteers and our outstanding team in Washington, DC. After fighting hard, making our case at the Federal level and standing up to an array of opponents, optometry is poised to receive a new level of recognition by the Federal government," said Michele R. Haranin, O.D., AOA Federal Relations

Committee chair.

Expansion of optometrists' authority to determine eligibility for SSA benefits will help individuals with visual disorders qualify for benefits more quickly, program administrators note.

It will also help SSA save money, they add.

"We would be able to make more decisions based on medical evidence of record, rather than having to purchase time-consuming and expensive consultative examinations," SSA administrators note.

"This proposal is consistent with the expanding role that optometry continues to assume in the American health care system," said AOA President Richard Wallingford, O.D. "We have demonstrated to the SSA that our training and expertise qualifies us to appropriately diagnose a visual impairment, not just perform visual acuity and field testing. And the distribution of ODs throughout the U.S. should greatly improve access for the public."

SSA and AOA discussed expanding the role of optometrists as acceptable medical sources in the early 1990s.

However, because licensing regulations for optometrists varied considerably among jurisdictions at that time, SSA determined a change in its policy regarding optometrists was not then feasible.

After a follow-up meeting with AOA late last year, however, SSA determined that "licensing requirements, scope of treatment, and diag-

nostic protocols for licensed optometrists are (now) sufficient to qualify virtually all licensed optometrists as acceptable medical sources for visual disorders. Therefore, we believe it is now appropriate to propose to revise our regulations to authorize licensed optometrists as acceptable medical sources for visual disorders," SSA administrators said.

In assessing the current scope of optometric practice, SSA administrators cited the Council on Optometric Education's Accreditation Manual for Professional Optometric Degree Programs, the AOA State Government Relations Center's State/Territory Statutory Language on the Practice of Optometry report, the AOA Optometric Clinical Practice Guidelines, and the National Board of Examiners in Optometry's topic outline for its national test.

SSA will consider optometrists acceptable medical sources for determinations regarding vision disorders in all U.S. jurisdictions except the Virgin Islands where laws do not authorize optometrists to administer or prescribe pharmaceuticals for diagnostic or treatment purposes.

A complete evaluation of the eye includes the use of diagnostic pharmaceuticals, SSA administrators note.

A public comment period on the proposed new SSA rules closes May 1.

In most cases, federal rules are finalized and take effect within six to nine months after the close of the required comment period.

"After fighting hard, making our case at the Federal level and standing up to an array of opponents, optometry is poised to receive a new level of recognition by the Federal government."

Medicare to limit paper RAs

Beginning June 1, Medicare will no longer mail Standard Paper Remittance (SPR) to health care providers who receive Electronic Remittance Advice (ERA), according to the AOA Eye Care Benefits Center.

That will be true not only for practitioners who receive ERAs directly but for those who receive ERAs through a billing agent, clearing house, or other entity, AOA-ECBC emphasizes.

For providers who still need SPRs, the U.S. Centers for Medicare and Medicaid Services has developed a free software program, Medicare Remit Easy Print (MREP), which allows them to read and print a remittance advice from the HIPAA compliant Health Care Claim Payment/Advice (835) file.

The MREP software incorporates

features designed to save providers time and money.

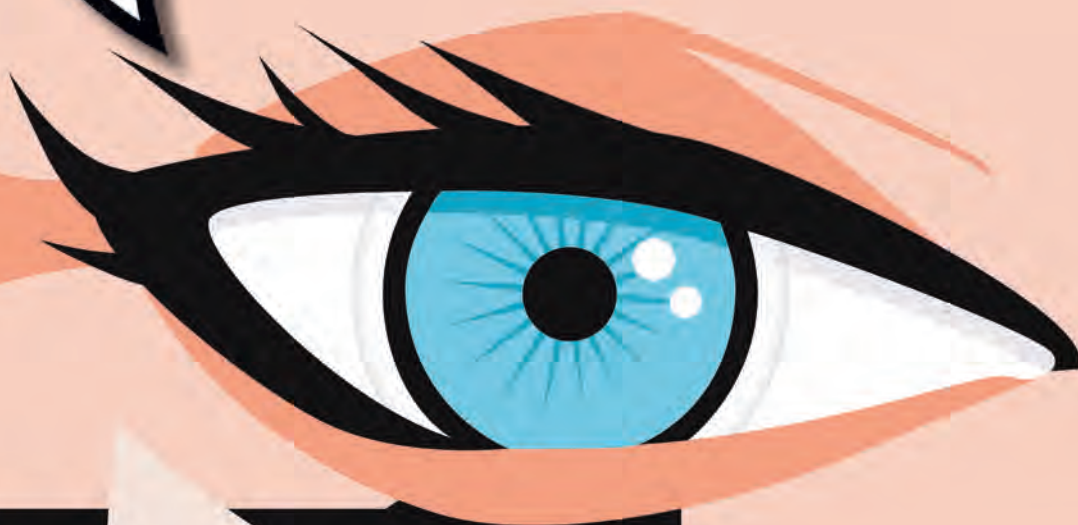
The paper output generated by MREP is similar to the SPR format. The CMS has worked with other payers to ensure they will accept the SPR generated by the MREP software for Coordination of Benefit claim submission.

AOA-ECBC encourages providers who currently receive the ERA, who don't use software to read and print RAs from these files, to begin using MREP or other similar software prior to June 1.

For additional information concerning MREP software, see CMS Special Edition Medlearn Matters article SE0611, downloadable at www.cms.hhs.gov/MedlearnMattersArticles/downloads/SE0611.pdf.

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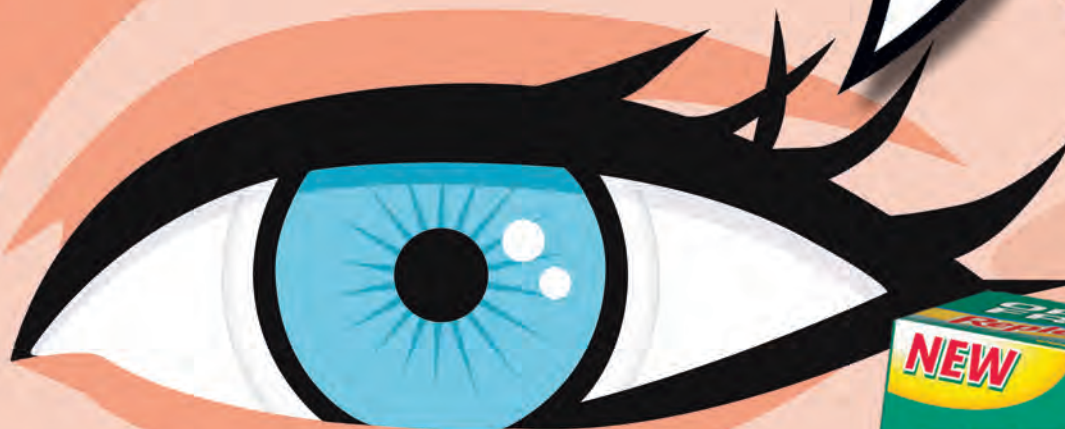
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LVRs to assist states in CMS Low Vision Rehabilitation Demonstration Project

The AOA Low Vision Rehabilitation Section (LVRs), the AOA Federal Relations Committee (FRC), and the AOA Washington office staff are working on a project to clarify and outline procedures to fully integrate doctors of optometry into the vision rehabilitation network.

This demonstration project will examine the impact of standardized Medicare coverage for vision rehabilitation services provided in the home, office, or clinic, under the general supervision of a physician.

The Secretary of the Department of Health and Human Services was directed to carry out the outpatient vision rehabilitation demonstration project as part of the appropriations conference report to accompany the 2004 Omnibus Appropriations bill.

Under the demonstration project, vision rehabilitation services may be supplied by:

- ❖ Physicians (optometrists and ophthalmologists)
- ❖ Occupational therapists
- ❖ Certified low vision therapists
- ❖ Certified orientation and mobility specialists; and
- ❖ Certified vision rehabilitation therapists.

Services will be provided under an individualized, written plan of care developed by a qualified physician or qualified Occupational Therapist in Private Practice (OTPP) that is reviewed at least every 30 days by a qualified physician.

The plan of care must attest that vision rehabilitation services are medically necessary

and the beneficiary receiving vision rehabilitation is capable of receiving rehabilitation and deriving benefit from such services, and should include:

- ❖ An initial assessment that documents the level of visual impairment.
- ❖ Specific measurable goals to be fulfilled during rehabilitation and the criteria by which the goals will be measured.
- ❖ The location of where the rehabilitation services will be conducted.
- ❖ Description of specific rehabilitative services to be directed toward each goal provided during the course of rehabilitation; and
- ❖ A reasonable estimate of the amount of treatment necessary to reach the goals.

Rehabilitative services will be conducted within a three-month period, in intervals appropriate to the patient's rehabilitative needs, and will not exceed 36 units of 15 minutes each, or nine hours total.

CMS established four different series of temporary demonstration "G" codes to accommodate rehabilitation services for low vision.

Each code series will correspond to the low vision rehabilitation professional who provided the service and will be included in the official instruction issued to carriers or intermediaries.

The instruction is accessible at www.cms.hhs.gov/Transmittals/2005Trans/List.asp#TopOfPage on the CMS Web site. From that Web page, look for CR3816 and CR 4294, and click on the files for those CRs.

Example of "G"

codes include:

- ❖ Code G9041 for services provided by a qualified occupational therapist
- ❖ Code G9042 for services provided by a certified orientation and mobility specialist
- ❖ Code G9043 for services provided by a certified low vision rehabilitation therapist
- ❖ Code G9044 for services provided by a certified vision rehabilitation therapists

Occupational therapists in a private practice or in medical rehabilitation facilities that are not participating in the demonstration may still provide services under the usual evaluation and management codes for rehabilitation medicine.

Certification for the vision rehabilitation professionals listed will be administered by the Academy of Certified Vision Rehabilitation Educators and Professionals.

The CMS Vision Rehabilitation Demonstration Project is taking place in:

- ❖ New York City
- ❖ Atlanta
- ❖ Kansas
- ❖ North Carolina
- ❖ New Hampshire
- ❖ Washington State

Patients with documented diagnoses of moderate or severe vision impairment (ICD Codes 396.16 – 369.22) who are eligible for Medicare Part B may participate.

These patients must be determined, in the physician's opinion, to benefit from low vision rehabilitation.

The LVRs is working with AOA in contacting all state affiliates including state executives, and Carrier Advisor Committee representatives in the designated states. The

Section is also working with active LVRs members in each state to serve as resources for the state affiliates as this program progresses and to adapt their practices for this care model, if they wish to participate in the demonstration.

Optometrists in all other states can continue to provide vision rehabilitation services in addition to evaluation and management of vision impairment.

Physicians can provide the services personally or can employ/contract with an occupational or physical therapist if they wish to provide Medicare vision rehabilitation services in their practices. The details of vision rehabilitation programs are outlined in each Local Coverage Determination (LCD) and LVRs urges all optometrists who wish to participate to reference the regional carrier's Web site, LCD section.

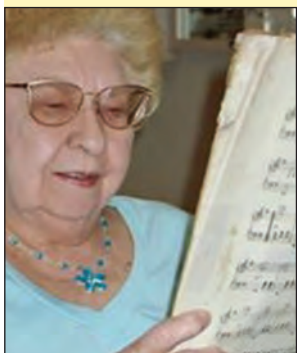
Since the memorandum from CMS went into effect (Publication 100-02 of the Medicare Benefit Policy regarding "Incident To" Therapy Services, Implementation date 6-6-2005), alternative professionals in vision rehabilitation and paraoptometric assistants or technicians can no longer work incident to the physician for purposes of rehabilitation. This national directive supersedes some LCDs that have not updated the language specifying the professionals who may work incident to the physician for provision of rehabilitation services.

These professionals can continue to assist incident to the physician for evaluation and man-

See Low Vision, next page

State Low Vision Symposium to offer management strategies

The third annual State Low Vision Rehabilitation Committees' Symposium: Eccentric Viewing Concepts Relevant to Vision Rehabilitation Evaluation, Management, and Therapy is scheduled for Thursday, June 22, 2006, from 11 a.m. to 2 p.m. in Las Vegas. All state affiliate low vision reha-



O.D., LVRS chair.

Recent Center for Medicare and Medicaid Services (CMS) policy on professionals who may work "incident to" the physician (optometrist or ophthalmologist) for purposes of providing visual rehabilitation services will be discussed. Related to this issue is the Low Vision Rehabilitation Demonstration Project (see story, left) currently in effect for six regions (New York, New Hampshire, North Carolina, Kansas, Georgia and Washington state).

This discussion is relevant to all LVRS members and state affiliate third-party committee leadership in all states, but especially in the states included in

the demonstration. This interactive discussion will be moderated by Bruce Rosenthal, O.D., LVRS chair-elect.

The second part of the program will review management strategies for patients with central and other types of scotomas. Diagnosing and managing these cases will be reviewed by LVRS members David Lewerenz, O.D., and Bhavani Iyer, O.D. Dr. Lewerenz completed a residency in low vision rehabilitation at the University of Alabama, School of Optometry. His graduate work focused on eccentric viewing concepts, especially those related to "ring type" scotomata.



“ring type” scotomata. Dr. Iyer is a graduate of the Michigan College of Optometry at Ferris State University and provides clinical low vision rehabilitation services at the Henry Ford Medical Center, Center for Visual Rehabilitation and Research.

Ample time for questions and interaction from the attendees is planned. There is no charge for this program and a light lunch will be served. Advance registration is highly encouraged in order to plan appropriate accommodations. To register for the symposium or to join the LVRS, please contact Stephanie Brown, (800) 365-2219, or sdbrown@aoa.org.

Low Vision, *from page 10*

agement procedures only.

Optometrists who wish to handle evaluation and management services only may refer patients to occupational therapists in private practice or to other rehabilitation facilities as long as the optometry and occupational therapy practice acts allow doctors of optometry to make these referrals in the particular state.

AOA is working closely with state affiliate legislative and third party committees to resolve some of the inconsistencies in this area.

R. Tracy Williams, O.D., chair of the LVRs, strongly urges all optometrists interested in low vision rehabilitation to join or renew membership in the AOA LVRs.

"National policies are changing quickly and the LVRS can help optometrists in practice to stay current," he said.

"Close contact with section members helps the AOA to be attuned to regional issues that may impact the national trend," he said. "Please join the Section during Optometry's Meeting™ 2006 in Las Vegas June 22."

The 3rd Annual State Low Vision Rehabilitation Committees' Symposium will highlight recent CMS policies and vision rehabilitation clinical techniques."

To join or make a reservation for the Symposium, contact Stephanie Brown, LVRs Section Manager, (800) 365-2219, or sdbrown@aoa.org.

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Override, from page 1

Congress trying to put S. 1955 on the fast track to enactment, this is the time for an all-out nationwide advocacy effort by optometry to help build opposition and defeat the bill," Hymes told optometric leaders last month.

An AOA Alert Bulletin, distributed March 21, provided instructions and materials for recruiting concerned patients to join the AOA's grassroots campaign to convince key senators that S. 1955 is flawed.

Similar to misguided Association Health Plan (AHP) legislation, which the AOA and other groups have mobilized to defeat in Congress in the past, supporters of S. 1955 claim that their bill will help make health coverage more readily available to employees of small businesses.

The measure calls for a nationwide small business insurance program with a national insurance rating program and "harmonization" of state insurance laws.

Like the *Employee Retirement Income Security Act* (ERISA), under which many large corporations provide employee health programs, the federal legislation would pre-empt state insurance laws.

It would supersede state laws that ensure patient access to care, ensure the adequacy of benefit packages, or prevent unwarranted discrimination against health care providers, the AOA Advocacy Group notes.

AHP legislation has actually been approved several times by the House of Representatives. However, thanks to the efforts of AOA and other groups, it has consistently been defeated in the Senate.

The Senate Health,

With the measure appearing to gain further momentum on Capitol Hill at press time, the AOA Washington office urged optometrists to let their U.S. senators know how severely patients would be harmed if the bill were allowed to pass in its current form.

Education, Labor and Pensions (HELP) Committee considered S. 1955 in mark-up sessions on March 8 and 15. The panel narrowly approved the bill in a party-line 11-9 vote — with all committee Republicans for and all committee Democrats against.

The bill was expected to advance quickly to the Senate floor for a vote, although an official timetable for consideration had not yet been set as *AOA News* went to press.

Small business health insurance purchasing pools are already in many places under existing insurance laws, the AOA Advocacy Group also notes.

Opponents of the

pending legislation say it would encourage "bare bone" insurance plans, providing limited benefits to employees, and could even reduce the level of coverage many small business employees enjoy today.

A Congressionally authorized study found association health plans would not substantially increase the number of persons with health coverage.

Laws designed to ensure adequate availability of care or an adequate number of health care providers have not been demonstrated to substantially increase insurance plan costs or lead to over-utilization of care, the AOA Advocacy Group notes.

Congress added such access provisions

to laws governing the Medicare program, a decade ago, with no increase in service utilization found to be directly attributable to those provisions, the AOA Advocacy Group notes.

AOA is circulating amendments to the proposed legislation that would allow federally authorized small business health plans, but still protect patient access to care.

"S. 1955 would render useless state-enacted patient protections for eye and vision care, any-willing provider and insurance equality laws intended to protect health care providers and consumers. If enacted, S. 1955 would preempt all state-mandated benefit legislation, not just those that are specific to eye and vision care," Hymes said.

AOA members are being asked to contact their senators and urge opposition to S. 1955. AOA members are also urged to educate their patients regarding S. 1955 and encourage them to send letters to their senators (see box).

Updates on the legislation will be posted at www.aoa.org.

Action needed on S. 1955

The AOA Advocacy Group is urging all AOA members to immediately contact both of the U.S. Senators representing their states and urge them to oppose S. 1955.

AOA's online Legislative Action Center offers a pre-written message on the legislation, which can be easily e-mailed to senators. (Click on the S. 1955 message under "Optometric Happenings" on the AOA home page (www.aoa.org) or visit <http://capwiz.com/theaoa/issues/alert/?alertid=8602086&type=CO>).

An "OD Letter to Capitol Hill" on the legislation is available on the AOA Web site. Because the legislation is pending, the AOA

Washington office urges AOA members to fax rather than mail the letter to lawmakers.

AOA members are also being asked to educate patients about the potential impact of S. 1955.

Practitioners should ask supportive patients to complete and sign the "Patient Letter to Capitol Hill," (also available on the AOA Web site) and fax it to the Washington offices of their two senators.

The AOA Advocacy Group also asks practitioners and their patients to fax copies of the letters to the AOA Washington office at (703) 739-9497, when they contact legislators, to track input to the Senate.

National Glaucoma Society launches efforts to educate health care providers

The National Glaucoma Society (NGS) officially launched its active membership, as well as its Web site, on March 1.

The idea for the non-profit organization dedicated to advancing the education of health care practitioners in the

NGS will support research, educational seminars, conferences, newsletters and other media to increase the understanding of glaucoma.

New technology will also play a large role with features such as podcasting, an online chat room, digital and online CE, as well as with the Web site.

The society is dedicated to educating the public about the prevention and treatment of glaucoma.

"They are looking for open, honest information," said J. James Thimons, O.D.,

chair. "We want to heighten the awareness of glaucoma and bring the undiagnosed into the optometry system."

NGS will host National Glaucoma Symposium West at the Marriott Newport Beach Hotel and Spa in Newport Beach, CA, from July 15-16, and National Glaucoma Symposium East at the Ocean Edge Resort in Brewster, MA, from Aug. 5-7.

For more information, visit www.nationalglaucomasociety.org.



NGS Vice President Bud O'Leary, O.D.

area of glaucoma first started two years ago.

"There was a lack of focused educational seminars," said Vice President Bud O'Leary, O.D. "We formed this to focus on glaucoma."

Ben Gaddie, O.D., noted other distinguishing features of the organization.

"It's an inclusive group compared to other existing glaucoma groups," he said.



AOA NewsLetter brings AOA News to your inbox

Subscribers to AOA NewsLetter get the AOA News electronically, along with extra articles, Web exclusives and the option of reading the News as an Adobe PDF document. Look for it monthly!

NRHA Annual Meeting in May

"Pioneering New Frontiers" is the theme for the National Rural Health Association's Annual Meeting May 17-19 in Reno, NV. The National Rural Health Association's Annual Conference is the nation's premier gathering of rural health leaders, health professions educators, policy advocates, practitioners, and researchers. Held each year in May, for nearly three decades, the NRHA's annual conference has set the pace for rural health in America.

Keynote Speaker, Quint Studer, named one of the "Top 100 Most Powerful People" by *Modern Healthcare*, has gained national recognition as a change agent and thought leader in health care today because he so aptly links a sustained focus on service, quality, employee and patient satisfaction with growth and bottom-line results.

AOA InfantSEE™ Committee Chair Scott Jens, O.D., will be presenting on the InfantSEE™ public health program. The AOA collaboration with the Vision Care Institute of Johnson & Johnson provides infants with a no-cost eye exam that can detect risk factors for amblyopia, strabismus, and other problems that can often be corrected if treated early in life.

Norma K. Bowyer, O.D., NRHA membership chair, encourages practicing optometrists as well as optometric educators and researchers to consider joining NRHA.

"At the NRHA, we're making strides in overcoming barriers to health care by educating providers, assisting community leaders and by insisting that legislators take action. When faced with rural challenges, only a consortium of rural leaders can find appropriate solutions. NRHA is a member-driven organization. The more eye care professionals active within NRHA, the greater the voice we have," said Dr. Bowyer.

For information visit www.nrharural.org.

New in Practice — Panel of Experts Series

Bolster your confidence and practice management savvy by attending the New in Practice – Panel of Experts Series at Optometry's Meeting™ in Las Vegas, Nevada on June 24, 2006. Based on the new practitioner series offered in the past, panels of experts will discuss a range of popular practice management topics that impact optometrists just starting their careers or preparing to change practice settings.

This program is available thanks to a generous grant given by CIBA Vision, a Novartis Company.

Sign up for one or more sessions:

- Billing and Coding, Course # 0300 (Fee \$10)
- Staff Management, Course # 0310 (Fee \$10)
- Financial Management, Course # 0320 (Fee \$10)
- Contracts and Leases, Course # 0330 (Fee \$10)

AOA member and non-member ODs may pre-register for one or more sessions. Students may sign up to attend one or more course sessions on-site at the course room location on June 24 based on availability.

Register at www.optometrymeeting.org

Or for additional information, contact LDSmith@aoa.org or 1-800-365-2219, extension 151

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Optometry's Meeting™ Offers Outstanding Education for Paras



Paraoptometricians who have attended Optometry's Meeting™ in the past, know the Section strives to provide the best continuing education to attendees.

In 2006, paraoptometricians will experience the best educational program yet. Offering fourteen tracks of education over four days, paraoptometricians can customize their learning by choosing from over 70 hours of education. This includes 18 hours of hands-on courses and workshops.

Immediately following the Opening General Session on Thursday, the entire office will not want to miss course 1010, "Our Patient for Life: Considering the Dynamics of Providing Seven Decades of Eye Care to a Single Patient," supported by an educational grant from Alcon.

This course is designed to incorporate the optometrist and staff, as attendees take a look at the life of one patient and her eye conditions, from six months of life into her 70s.

Course participants will learn about diagnosis and management of many eye conditions as they affect the patient.

Participants will also learn about reporting care to payers, the overall cost to the health care system, and the various impacts on the doctors and staff connected with the patient.

The Paraoptometric education is jointly supported by educational grants from Transitions Optical and Vistakon, Division of Johnson & Johnson Vision Care.

Back by popular demand, the allied health education program will offer all three levels of certification review courses, as well as the CPOT Practical Review Workshop on Wednesday.

For more information and a complete list of course times and descriptions, visit www.optometrismeeing.org.

Early-bird registration ends April 15, 2006. As a member, you can take advantage of the discounted registration fee; non-members will pay \$100.

As in the past, several courses will be submitted to the American Board of Opticianry (ABO) and the National Contact Lens Examiners (NCLE), for continuing education credit.

As a service to members, the Section supports the professional diversity of its attendees. Courses approved for CE credit by these organizations will not only fulfill the AOA certification requirement for CE, but will also provide CE credit for these organizations.

Win electronics

For every five hours of paraoptometric continuing education that attendees register for and attend, their name will be entered into a drawing for a \$500 gift certificate from Dell.

A person who registers for 10 hours of paraoptometric CE, will be entered into the drawing twice. Winners will be notified by mail four to six weeks after the conclusion of the conference.

Vegas, from page 1

Meeting™ will provide numerous networking opportunities at events such as the Wednesday night Welcome Reception: Jazz Fest—Vegas Style, supporting the American Optometric Institute's disaster relief fund.

Thursday morning, attendees will be treated to the Opening General Session featuring Dilbert-creator Scott Adams, sponsored by Essilor, from 8 a.m. to 9:30 a.m.

Later that afternoon, the American Optometric Student Association's Awards and General Session will feature comedian and hypnotist Ricky Kalmon, sponsored by CIBA Vision, from 1 p.m. to 3 p.m.

The Exhibit Hall Grand Opening, sponsored by Hoya, will be Thursday from 4 p.m. to 7:30 p.m.

Students and alumni will flock to the Varilux Optometry Super Bowl XV and Reception Thursday evening. The event is sponsored by Essilor from 7:30 p.m. to 10:30 p.m.

On Friday, the Exhibit Hall will feature Buck-A-Beer Night from 4:30 p.m. to 6 p.m.

On Saturday, the Presidential Celebration, sponsored by Signet Armorlite, will feature The Beach Boys from 7:30 p.m. to 11 p.m.

2006 Optometry's Meeting™ in Las Vegas runs from June 21-25. For more information or to register, visit www.optometrismeeing.org.

Lake Mead cruise to benefit VAN

A Vision Awareness Network fundraiser will feature a Lake Mead Desert Princess sightseeing tour on Friday, June 23, from 8 a.m. to 12:30 p.m.

Those attending Optometry's Meeting™ are also welcome to join the tour on Lake Mead aboard an authentic Mississippi-style paddle wheeler.

A relaxing retreat from the glitz and glamour of Las Vegas, Lake Mead offers a glimpse of nature's bounty. Three of America's four desert ecosystems—the Mojave, the Great Basin, and the Sonoran Deserts—meet in Lake Mead.

As a result, this seemingly barren area contains a surprising variety of

plants and animals, some of which may be found nowhere else in the world.

The spacious Desert Princess has an abundance of outdoor deck space, ideal for taking in the majestic surroundings. Attendees can bring their families on a memorable adventure in the desert

where there will be numerous photo opportunities.

The event costs \$75 per person and includes the bus ride and 1½ hour boat tour. Register for function code (#0270) at www.optometrismeeing.org.

VAN, formerly AFVA, is a not for profit charity dedicated to improving eye and vision health.





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Industry Profile: CooperVision

CooperVision is one of the world's leading and fastest-growing manufacturers of contact lenses, currently 3rd largest worldwide.

As the world's number one manufacturer of soft toric lenses, CooperVision is a global leader in contact lens design, materials and manufacturing.

CooperVision's product portfolio includes PC Hydrogels—a unique category of contact lenses that offers excellent health and optimum comfort for daily wear patients.

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All PC Hydrogel lenses utilize CooperVision's patented PC Technology™ to create a unique, biocompatible lens material that attracts water and remains hydrated longer, keeping the lenses moist and comfortable throughout the day.

The PC Hydrogel omafilcon A material is the only lens material with a FDA-cleared labeling indication of improved comfort for those who experience dryness or mild discomfort during lens wear.

PC Hydrogel lenses deliver a comfortable wearing experience, which patients consistently prefer over leading silicone hydrogels—an important consideration as discomfort remains the number one reason for lens dropout.

Biomedics XC

The most recent PC Hydrogel product introduction is new Biomedics XC.

Biomedics XC delivers extended comfort and excellent health for daily-wear patients in a two-week replacement modality many doctors prefer.

Clinical studies indicate that the patient satisfaction rate with PC Hydrogel sphere lenses is significantly higher than with existing silicone hydrogel lenses, indicating that Biomedics XC lenses offer better comfort and fit than the two-week silicone hydrogel lenses that are currently available for daily wear.

Multifocal Lenses

In addition to the PC Hydrogel family of lenses, CooperVision manufactures an extensive portfolio of contact lenses designed specifically for multifocal correction. This includes Proclear® Multifocal, Frequency® 55 Multifocal, and UltraVue PC Multifocal and Multifocal Torics.

For more information, go to www.coopervision.com.

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.



The new Vogue spring/summer eyewear collection incorporates the latest styling in every model. Shown is style VO2388B, featuring clean lines with a glamorous flair.

New software aids color deficient users

The 35 million people affected by color deficiency in the U.S., Canada, and Western Europe have a new tool.

Tenebraex Corporation introduced a new interactive software program, the eyePilot™, that allows color deficient users to work more effectively with color-coded information and graphics.

"In the past, information was presented as black text on white paper," said Peter Jones, president and CEO of Tenebraex Corporation.

"As the world becomes more and more computer dependent, particularly in classrooms and in offices, not being able to easily differentiate between colors becomes more of a liability. Students can be left behind their classmates, and career advancements can be thwarted—all due to the challenges a color blind person faces trying to interpret colors on a computer screen."

The software is designed as a "floating window" that can be dragged and dropped over any Web page, document, or computer application.

The eyePilot™ allows users to accurately view and work with color-coded information

such as:

- ❖ Pie and bar charts
- ❖ Class work or homework involving color
- ❖ Weather maps
- ❖ Road maps and driving directions
- ❖ Stock market charts
- ❖ Engineering and scientific imagery, such as scatter plots and tissue sections.

Users are provided with the following set of simple, intuitive and interactive tools that can be used to illuminate or manipulate colors:

- ❖ Gray: isolates all instances of a single color and "grays out" all others, making clear what content is represented
- ❖ Flash: flashes all instances of a spot of color as white or black
- ❖ Name: flashes all instances of a named color (red, green, orange, etc.) as white or black and also identifies the name of a color when a spot is selected
- ❖ Hue: changes the colors in an entire graphic by cycling through a set of substitutions, which allows the user to find a setting that is easier to differentiate.

A 30-day free trial is available for download at www.colorhelper.com.

Individual user licenses cost \$34 (available for Mac or PC operating systems).

Industry News

Luxottica announces Sun Center 2006

Luxottica Group announced the introduction of Sun Center 2006, a comprehensive sunwear program intended to prevent UV-associated eye diseases.

The prescription and plano sunwear program is designed to assist eye care professionals in the following areas:

- ❖ Educating patients on the relationship between quality sunwear and eye health
- ❖ Prescribing the right frames and lenses to coincide with patients' vision needs, tastes, and lifestyles
- ❖ Prescribing more prescription sunwear by presenting a wider variety of "real" sunglasses from which to choose
- ❖ Enhancing the likelihood that patients will

regularly use prescribed sunwear.

"We believe that the eye care professional's guidance is the most important factor in a patient's decision to protect their eyes from the dangers of the sun's rays," said Pierre Fay, senior vice president of Luxottica Group. "The comprehensive nature of Sun Center 2006—the world's leading brands together with merchandising elements and training seminars—are designed to help the practitioner prevent UV-associated eye diseases and ensure the continued eye health of patients."

The program features popular designer and brand name sunwear such as Ray-Ban, Revo, Persol, Vogue, AK Anne Klein, and

Adrienne Vittadini.

The Sun Center program offers educational booklets, creative signage and counter cards, as well as displays for educating patients about quality sunwear, lenses, and the need for maximum UV protection.

Banners, gifts with purchase, and a top-lit, 90-piece frame tower are available.

Sun Center 2006 also offers a comprehensive training seminar designed to help participants learn more about quality sunwear and lens technologies.

For more information about the Luxottica Sun Center, call (800) 422-2020.



Sun Center 2006 offers an eye-catching, top-lit 90-piece frame tower.

Gulden introduces new pocket-sized reference cards

Gulden Ophthalmics introduced two new time-saving tools—the Dovie Ophthalmic Drug Card and the Dovie Peds and Pupils Card.

The pocket-sized reference cards are double-sided and color-coded for easy use.

The Dovie Ophthalmics Drug Card lists over 65 of the most commonly prescribed ophthalmic medications, including manufacturer, available strengths and sizes, and typical dosage.

The card also includes pediatric dosing and information on some oral medications.

The Dovie Peds and Pupils Card provides

information on the 11 most common binocular vision disorders and their associated clinical exam findings.

The card includes accommodative testing normal/expected values for common pediatric/binocular vision disorders, as well as a pupil reference guide showing common papillary anomalies and how to test for them.

The card also illustrates how to confirm a diagnosis and lists associated ICD-9 billing codes.

For more, visit www.guldenindustries.com, e-mail info@guldenindustries.com or call (215) 884-8105.

VSP names Mannen new board chair

Vision Service Plan (VSP) named Dan L. Mannen, O.D., to a two-year term as chairman of the board effective in March.

Dr. Mannen served as a board member for nine years, and is a fellow of the American Academy of Optometry and a past president of the Oregon Association of Optometric Physicians.

Outgoing Board Chairman Bruce Mebine, O.D., said Dr. Mannen's "proven leadership in optometry, together with his deep understanding of VSP's business makes him an ideal board chair."

Dr. Mannen is a graduate of the Pacific University College of

Optometry and is a former commander in the United States Naval Reserve. He practices optometry in St. Helens and Scappoose, OR.

"During my many years as a VSP network doctor and nine years on VSP's board, I've had the opportunity to work closely with VSP's leadership and am proud to be associated with such a tremendous organization," Dr. Mannen said.

"I look forward to working toward sustained growth and ensuring that VSP continues to provide exceptional eye care through the best network of private practice doctors."

Paraoptometric Section focuses on career growth

The AOA Paraoptometric Section (AOAPS) sponsored a breakfast seminar titled "Your Professional Toolbox" at SECO International in Atlanta, GA, on Feb. 24.

Rebecca Johnson, CPOT, COT, COE, presented an interactive lecture designed to teach attendees how to be happier and more effective paraoptometricians and encourage them to turn their "jobs" into "careers" by becoming members of the AOAPS, attending CE offerings provided by their local or state optometric associations, and seeking AOA certification.

"I was so fired up to see the level of education and information being made available to paraoptometricians around the country," said Lynn Lawrence Sr., CPOT, who attended the course.

He said, "The course hit all the key areas of our profession, and it comes with my highest recommendation. Rebecca Johnson delivered just what this profession needed."

This is the first year the AOA Paraoptometric Section has been able to provide sponsored CE at regional meetings in addition to its major activities at Optometry's Meeting™.

Representatives from AOAPS attended the following regional meetings during the past year:

- ❖ Iowa Optometric Assistants Association Annual Conference, Des Moines, IA, April 3-5, 2005 (75 paraoptometric attendees)

- ❖ Great Western Council of Optometry Conference, Portland, OR, Oct. 13-16, 2005 (23 paraoptometric attendees)

- ❖ East-West Eye Conference, Cleveland, OH, Oct. 27-30, 2005 (83

paraoptometric attendees)

- ❖ SECO International, Atlanta, GA, Feb. 22-26, 2006 (140 paraoptometric attendees)

Representatives plan to attend the following in 2006-2007:

- ❖ Colorado Optometric Summit, July 2006

- ❖ Heart of America, February 2007
- ❖ SECO International, February 2007
- ❖ Washington Optometric Association, March 2007
- ❖ Iowa Optometric Assistant Association, April 2007

AOAPS currently has 2,070 members.

For more information about AOAPS, contact Tarah Remington at (800) 365-2219, TLLRemington@aoa.org, or visit www.aoa.org.

This is the first year the AOA Paraoptometric Section has been able to provide sponsored CE at regional meetings in addition to its major activities at Optometry's Meeting™.



Rebecca Johnson, CPOT, COT, COE



Commission on Paraoptometric Certification ARE YOU READY TO BECOME CERTIFIED OR READY FOR THE NEXT LEVEL?

Have you been looking into AOA Paraoptometric Certification or looking forward to the next level but not sure where to sit for the examination? Look no more.....there are several convenient locations for the CPO, CPOA, and CPOT written examinations.

| Regional Examinations | |
|-----------------------|---|
| State | City |
| Alabama | Birmingham |
| Alaska | Fairbanks* |
| Arizona | Tempe/Phoenix |
| California | Berkeley |
| Colorado | Denver |
| Florida | St Petersburg/Ft Lauderdale/Jacksonville/Lakeland |
| Illinois | Chicago |
| Indiana | Bloomington |
| Kansas | Wichita |
| Louisiana | New Orleans |
| Maryland | College Park |
| Massachusetts | Boston |
| Michigan | Detroit |
| Minnesota | St. Cloud |
| Missouri | St. Louis/Kansas City |
| Nebraska | Omaha |
| New York | New York |
| North Carolina | Raleigh |
| Ohio | Toledo^ |
| Pennsylvania | Harrisburg |
| Tennessee | Nashville |
| Texas | Dallas |
| Utah | Salt Lake City |
| Virginia | Richmond* |
| Washington | Spokane |
| Wisconsin | Madison |

*2006
^March 2006 only

The Paraoptometric Certification program is supported by an education grant from:



| Other 2006 Convenient Locations (updated often) | |
|---|---------------------------|
| Where | Date/Deadline |
| Green Lake, Wisconsin Wisconsin Paraoptometric Assn. CPC@aoa.org | Apr 23 / Mar 13 |
| Madison, Wisconsin Madison Area Tech College CPC@aoa.org | May 6 / Mar 27 |
| Tucson, Arizona Arizona Optometric Assn. info@azoa.org | May 7 / Apr 3 |
| Spokane, Washington Washington Para Assn. CPC@aoa.org | May 13 / Apr 1 |
| Billings, Montana Montana Optometric Assn. www.mteyes.com | May 20 / Apr 8 |
| Albuquerque, New Mexico New Mexico Optometric Assn. fleece@laplaza.org | May 21 / Apr 14 |
| Park City, Utah Utah Optometric Assn. uoa@xmission.com | June 3 / April 22 |
| Hershey, Pennsylvania Pennsylvania Para Assn. CPC@aoa.org | June 11 / April 30 |
| Las Vegas, Nevada Optometry's Meeting CPC@aoa.org | June 23 / May 12 |
| Regional Sites (see chart to left) | Sept 30 / Aug 19 |
| Lexington, Kentucky Kentucky Optometric Assn. kyeyes.org | Sept 30 / Aug 19 |
| Cleveland, Ohio EastWest Eye Conference www.eastwesteye.org | Oct 15 / Sept 23 |
| Kearney, Nebraska Nebraska Optometric Assn. noa@assocoffice.net | Oct 21 / Sept 9 |
| Portland, Maine Maine Paraoptometric Assn. mwallace@gwi.net | Oct 22 / Sept 10 |
| Portland, Oregon Great Western Council of Optometry | Oct 22 / Sept 8 |

Download an examination application and candidate handbook from the AOA Web site! <http://www.aoa.org>
Or contact the CPC office at 800-365-2219 ext. 210

The Paraoptometric Certification Program can provide a formal declaration of education and skill achievement in the profession of optometric assistant. Increasing your knowledge of optometric assisting will give you the opportunity to improve your job satisfaction and your professional relationships with your doctor, your peers and the patients you serve.

By becoming a certified paraoptometric, you may obtain the ability to become a part of the clinical team resulting in increased respect of the optometrist. Additionally, this program is designed for and achievable with minimal assistance from the optometrist and a minimal amount of funds.



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Optometry's MEETING™



Scott Adams, creator of "Dilbert,"
to speak at the Opening General Session. Thursday, June 22nd.

**The 109th Annual AOA Congress &
36th Annual AOSA Conference: Optometry's Meeting™
Mandalay Bay Resort and Casino • Las Vegas, Nevada**

Thanks to Essilor, this year's Opening General Session is sure to be a hit...light-hearted, humorous, and entertaining! Scott Adams is best known as the creator of the Dilbert comic strip, the immensely popular comic creation launched in 1989. The strip is enjoyed daily by 150 million people in 1,900 newspapers, in 56 countries. The Dilbert comic strip was Adams' first attempt at a comic strip. No other contemporary cartoonist has achieved as much popularity, or had as much impact on the consciousness of readers. Adams' first attempt at writing a book, *The Dilbert Principle*, became a number one New York Times best seller and one of the top selling business books of all time. Over 10 million Dilbert books have been sold. The Dilbert Zone web site, managed by United Media, was the first syndicated comic strip site on the web, and one of the first web sites to turn a profit. Adams' vision of an advertiser-supported daily comic on the web became a model for other cartoonists who followed. Adams was co-executive producer of the Dilbert animated television show on the UPN network, a solid hit that ran for two years. Come to laugh, come to learn...but don't miss Scott Adams and all he has to offer!

Conference
June 21-25, 2006

Exhibits
June 22-24, 2006

To register, take advantage of early bird savings, and learn more about Optometry's Meeting™, use any of these convenient resources:

visit www.optometrismmeeting.org call (800) 386-6825 e-mail MeetingHotline@aoa.org

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Reminder: Report FCLCA Violations

Eye care practitioners should report all violations of the Fairness to Contact Lens Consumers Act (FCLCA) – including instances in which contact lens sellers fail to comply with the prescription verification provisions.

Examples of non-compliance by sellers may include:

- ❖ No date and time on faxes
- ❖ Multiple requests for same patient after receiving doctor response
- ❖ Refusal to accept "Rx has expired" as compliant response
- ❖ Selling without prescription
- ❖ Ignoring the eight business hour response period
- ❖ Substituting lenses
- ❖ Unintelligible recorded messages or other messages not allowing the practitioner a reasonable opportunity to respond

Information on violations should be well documented and reported to the FTC as quickly as possible, with a request for FTC investigation and action. Violations can be reported through the FTC Web site (www.ftc.gov) by selecting the "File a Complaint" option. A link on the AOA Web site's (www.aoa.org) "Federal Trade Commission (FTC) Final Contact Lens Rule Questions and Answers" page (www.aoa.org/x2266.xml) will take AOA members to the FTC complaint form.

Practitioners should send a copy of any complaint filed regarding the FCLCA to AOA at: FTCcomplaint@aoa.org so AOA can maintain a record of all complaints filed with the FTC.

April

AOA SPRING PLANNING CONFERENCE
April 19-23, 2006
St. Louis, MO
www.aoa.org

ARKANSAS OPTOMETRIC ASSOCIATION
100TH ANNIVERSARY CELEBRATION/SPRING CE
April 20-23, Arlington Hotel, Hot Springs
Jennifer Martinez, 501-661-7675 501-372-0233 fax
aropt@swbell.net
www.arkansasoptometric.org

UNIVERSITY OF CALIFORNIA, BERKELEY MORGAN SYMPOSIUM/SARVER SERIES
April 21-23, 2006
Doubletree Hotel, Berkeley
800/827-2163
www.optometry.berkeley.edu

5TH INTERNATIONAL CONGRESS OF BEHAVIORAL OPTOMETRY, April 21-24, 2006 Sydney, Australia. Visit www.icbo2006.com for full details and registration information. Co-sponsored by the Optometric Extension Program, the Australasian College of Behavioural Optometry and the Societe d'Optometrie Europa.

SOUTHERN COLLEGE OF OPTOMETRY
SPRING CONTINUING EDUCATION WEEKEND
April 22-23, 2006
SCO campus, Memphis, Tennessee
800/238-0180, ext. 4
ce@sco.edu
www.sco.edu

KANSAS OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
April 26-29, 2006
Capitol Plaza Hotel, Topeka, KS
Gary Robbins
785/232-0225
FAX: 785/232-6151
info@kansasoptometric.org

SJOGREN'S SYNDROME FOUNDATION
IXth International Symposium on Sjögren's syndrome
April 27-29, 2006
Bethesda, MD
301-718-0300
www.ISSSonline.org

KENTUCKY OPTOMETRIC ASSOCIATION
104TH ANNUAL SPRING CONGRESS
April 27-30, 2006
Marriott Louisville Downtown Hotel, Louisville, KY
Sarah Jones
502/875-3516
FAX: 502/875-3782
sarah@kyeyes.org

WEST FLORIDA OPTOMETRIC ASSOCIATION
Spring Break Seminar
April 28-30, 2006
Sandestin Beach Hilton Resort
Dr. Wanda Batson
860/683-0221

INDIANA OPTOMETRIC ASSOCIATION 2006 ANNUAL CONVENTION
April 28 – April 30, 2006
Sheraton Hotel & Suites Indianapolis, Carolyn T. Winfree, (317) 237-3560
Fax: (317) 237-3564
ctwinfree@cypressmail.com
www.ioa.org

EASTERN STATES OPTOMETRIC CONGRESS
April 30-May 1, 2006
Mohonk Mountain House, New Paltz, NY
Stuart Rothman, O.D.
973/992-0998
FAX: 973/992-8961
smrod@aol.com

May

AOA CONGRESSIONAL CONFERENCE
May 1-3, 2006
Washington, DC
www.aoa.org

ARIZONA OPTOMETRIC ASSOCIATION
Annual Congress
May 4-7, 2006
Hilton El Conquistador Resort Tucson, AZ
602/279-0055
FAX: 602/264-6356
info@azoa

COLLEGE OF SYNTONIC OPTOMETRY
74TH ANNUAL CONFERENCE ON LIGHT AND VISION
May 4-7, 2006
Sirata Beach Resort, St. Pete Beach, Florida (Tampa Bay)
Ron Wahlmeier
719/486-0190
waldo@bresnan.net

MOUNTAIN WEST COUNCIL OF OPTOMETRISTS
ANNUAL CONGRESS
May 4-7, 2006
The Bellagio Hotel, Las Vegas, NV
Tracy Abel
888/376-6926
www.mwco.org

VIRGINIA OPTOMETRIC ASSOCIATION
VOYAGES IN VISION
May 4-7, 2006
Marriott Grand Cayman Beach Resort, Grand Cayman Island
804/643-0309
voaeyedocs@aol.com

NEW ENGLAND PROFESSIONAL CONFERENCES, INC.
SPRING OPTOMETRIC SEMINAR, May 7, 2006
Tarrytown, NY, Janet Swartz
877/825-2020
FAX: 987/470-4520
info@neconferences.com
www.neconferences.com

FLORIDA OPTOMETRIC ASSOCIATION
NSU/FOA Cruise
Enchantment of the Seas
May 13-18, 2006
Grand Cayman and Ocho Rios, Jamaica
800/805-7245
www.funseas.com/nsu

MIDWEST VISION CONGRESS & EXPO 2006
May 11-14, 2006
Donald Stephens Convention Center Rosemont, IL
www.midwestvisioncongress.com

PINELLAS OPTOMETRIC ASSOCIATION
SUNCOAST SEMINAR
May 13-14, 2006
Philip G. Currey, O.D.
727/442-5504
ldoc1@aol.com

MONTANA OPTOMETRIC ASSOCIATION 2006 ANNUAL CONFERENCE & EXPOSITION
May 17-20, 2006
Holiday Inn Grand Montana, Billings, MT
Sue A. Weingartner,
406-443-1160
suew@mteyes.com

NATIONAL RURAL HEALTH ASSOCIATION'S ANNUAL MEETING May 17-19 in Reno, NV. For information visit nrharrural.org.

10TH ANNUAL CLINICAL EYE CARE CONFERENCE & ALUMNI WEEKEND, Nova Southeastern University College of Optometry, May 19-21, 2006
Fort Lauderdale, Shakara Rosenbaum, MS 954/262-4224, occoe@nsu.nova.edu
<http://optometry.nova.edu/ce>

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
European Kraskin Invitational Skeffington Symposium
May 20-22, 2006
Denmark

see Meetings, next page

Meetings



Meetings, from page 20

ILLINOIS OPTOMETRIC ASSOCIATION, CHICAGO
NORTHSIDE OPTOMETRIC SOCIETY, ADVANCED EYECARE ASSOCIATES
AEA Cruise Seminars – Iberian Interlude
May 27-June 3, 2006
Sea Princess
Dr. Mark Rosanova, President
888/638-6009
aeacruises.aol.com
www.optometriccruiseseminars.com

June

UTAH OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
June 1-4, 2006
The Canyons Resort
Park City, Utah
Clive E. Watson
801-364-9103
uoa@xmission.com
www.utaheyedoc.org

AMERICAN SOCIETY OF CORNEAL AND REFRACTIVE TECHNOLOGIES
June 1-4, 2006 Scottsdale Resort and Conference Center in Scottsdale, AZ.
www.CRTSymposium.com.

OPTOMETRY ASSOCIATION OF LOUISIANA
ANNUAL CONVENTION
June 9-11, 2006
The Lafayette Hilton & Towers,
Dr. James D. Sandefur or
Amanda Perry
888/388-0675
318/335-0675
optla@bellsouth.net
www.optla.org

VIRGINIA OPTOMETRIC ASSOCIATION
2006 VOA ANNUAL CONVENTION & MIDDLE ATLANTIC CONT. EDUCATION CONFERENCE
June 9-11, 2006
Norfolk Waterside Marriott,
Norfolk, VA
804/643-0309
voaeyedocs@aol.com

ALASKA OPTOMETRIC ASSOCIATION
AKOA SUMMER CONFERENCE 2006
June 9-12, 2006
Fairbanks Princess Riverside Lodge, Fairbanks, AK
Tracy Oman
907/770-3777
FAX: 907/272-7532
akoa@alaska.com
www.akoa.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION, INC.
POA SPRING EDUCATIONAL CONFERENCE
June 10-11, 2006
Hershey Lodge and Convention Center
Ilene K. Sauertieg
717/233-6455
ilene@poaeyes.org

THE 109TH ANNUAL AOA CONGRESS & 36TH ANNUAL AOSA CONFERENCE: OPTOMETRY'S MEETING™
June 21-25, 2006
Las Vegas, Nevada Mandalay Bay Resort & Casino.
www.optometrysmeeting.org

July

AEA CRUISE SEMINARS – Gulf of Alaska, July 1-8, 2006
Sapphire Princess
Dr. Mark Rosanova, 888/638-6009
aeacruises.aol.com
www.optometriccruiseseminars.com

38TH CONVENTION OF THE NATIONAL OPTOMETRIC ASSOCIATION
July 11-16, 2006
Cancun Beach & Golf Resort,
877/394-2020
FAX: 219/398-1077
ccomer2@aol.com
www.natoptassoc.org

INDIANA OPTOMETRIC ASSOCIATION 2006
Formulary Seminar
July 12-13, 2006
Ritz Charles, Carmel, IN
Carolyn T. Winfree,
(317) 237-3560
Fax: (317) 237-3564
ctwinfree@cypressmail.com
www.ioa.org

COLORADO VISION SUMMIT
Sponsored by Colorado Optometric Association and Optometric Extension Program Foundation
Steamboat Springs CO
July 13, 2006 - July 16, 2006
www.visioncare.org
303/ 863-9778
Fax: 303/ 863-9775
cvs@visioncare.org

FLORIDA OPTOMETRIC ASSOCIATION
2006 FOA ANNUAL CONVENTION
July 13-16, 2006
Marco Island Marriott,
Marco Island, Florida
Kellie Webb, 800/399-2334
kellie@floridaeyes.org

NATIONAL GLAUCOMA SYMPOSIUM WEST, Newport Beach, CA. July 15-16, 2006.
877-825-2020, info@neconferences.com, or www.neconferences.com.

AEA CRUISE SEMINARS – Scandinavia
July 15-22, 2006
Sea Princess
Dr. Mark Rosanova
888/638-6009
aeacruises.aol.com
www.optometriccruiseseminars.com

NORTHERN ROCKIES OPTOMETRIC CONFERENCE,
July 20-22, 2006 Snow King Conference Center, Jackson, WY, www.NROCMeeting.com
307/637-7575
Contact: Dan Lex

AEA CRUISE SEMINARS – Grand Mediterranean
July 27-August 8, 2006
Grand Princess
Dr. Mark Rosanova, President
888/638-6009
aeacruises.aol.com
www.optometriccruiseseminars.com

ALABAMA OPTOMETRIC ASSOCIATION
GULF COAST SUMMER CONFERENCE
July 28-29, 2006
Hilton Sandestin Beach Golf Resort & Spa
334/273-7895
334/273-9681
lori@alaopt.com
www.alaopt.org

MICHIGAN OPTOMETRIC ASSOCIATION
110TH ANNUAL CONVENTION & SUMMER EDUCATIONAL SEMINAR
July 28-30, 2006
Grand Traverse Resort, Acme, Michigan
William D. Dansby, CAE
517/482-0616
FAX: 517/482-1611
mioptocassn@aol.com

ALASKA CE CONFERENCE
JULY 29-AUGUST 5, 2006
Chignik, Alaska
Dr. Charles and Michelle LeKites
907/696-2030
eyehuntteyefish@yahoo.com
www.eyehuntteyefish.com

August

SOUTHWEST FLORIDA OPTOMETRIC ASSOCIATION, EDUCATIONAL RETREAT 2006
August 5-6, Southseas Island Resort, Sanibel, Florida
Dr. Brad Middaugh
239/481-7799
FAX: 239/481-3739
swfoa@att.net
www.genesisgt.com/swfoa

SUMMIT 3 – OPTOMETRY 2020
August 10-13, 2006
Hyatt Regency DFW
Dallas, TX
www.aoa.org

NATIONAL GLAUCOMA SYMPOSIUM EAST, Brewster, MA. August 5-7, 2006. 877-825-2020, info@neconferences.com, or www.neconferences.com.

PENNSYLVANIA OPTOMETRIC ASSOCIATION, INC.
ANTERIOR SEGMENT UPDATE AT SEA
August 6-11, 2006
Royal Caribbean Explorer of the Seas/Bermuda
Ilene K. Sauertieg/
Brigitte Ullom
717/233-6455
FAX: 717/233-6833
ilene@poaeyes.org

September


INTERNATIONAL VISION EXPO WEST
September 14-16, 2006
Las Vegas, NV
www.visionexpowest.com

ILLINOIS OPTOMETRIC ASSOCIATION ANNUAL MEETING,
Sept. 28-Oct. 1.
Crowne Plaza Springfield, IL.
ioapr@ioaweb.org
800-933-7289
Fax: 217-525-8018

MINNESOTA OPTOMETRIC ASSOCIATION
FALL MEETING
September 29-30, 2006
Duluth Entertainment Convention Center, Duluth, MN
Jessica Miller
952/841-1122
800/841-8232
FAX: 952/921-5801
jessica@mneyedocs.org
www.mneyedocs.org

For more meetings information, visit
www.AOANews.org.

To submit an item, send a note to
EventCalendar@aoa.org



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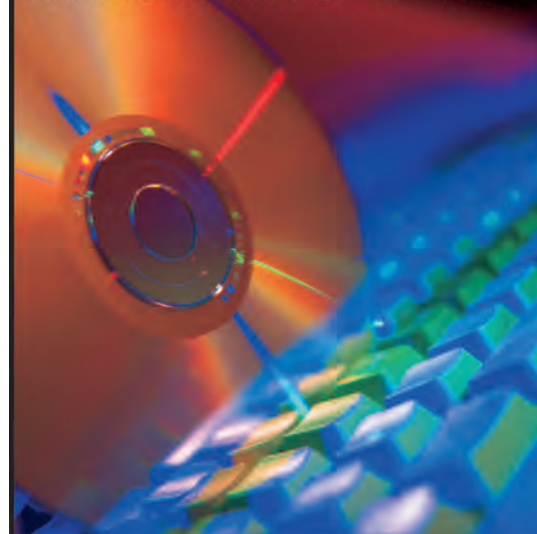
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Questions please contact

Tracy Abel at 888.376.6926 or email tracyabel@earthlink.net
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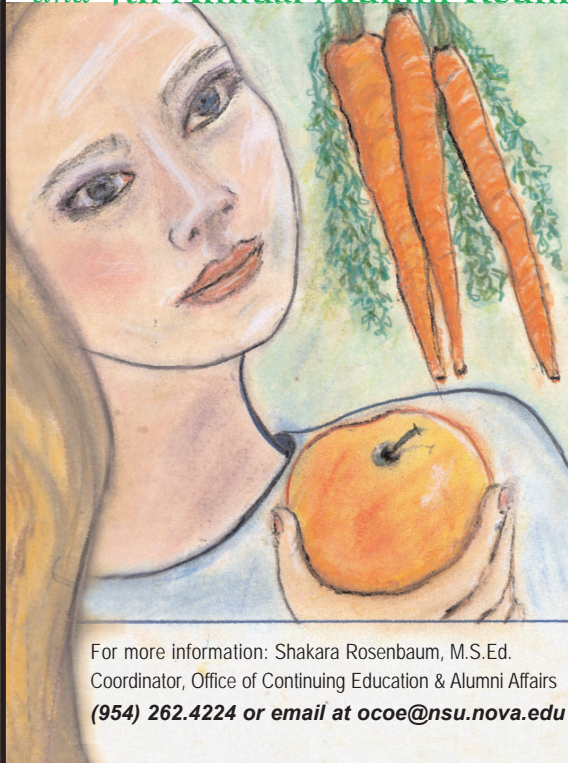
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Coordinator, Office of Continuing Education & Alumni Affairs
(954) 262.4224 or email at ocoe@nsu.nova.edu

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NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
3200 South University Drive • Fort Lauderdale-Davie, Florida 33328

**<http://optometry.nova.edu/ce>
Focus on Women's Eye Health
MAY 19 - 21, 2006**

Sponsored by Nova Southeastern University College of Optometry through educational grants provided by Alcon®, Ciba Vision®, MedOp Inc., The Vision Care Institute™ of Johnson & Johnson Vision Care, Inc., Vistakon®, Division of Johnson & Johnson Vision Care, Inc.



President

Southern California College of Optometry

The Southern California College of Optometry (SCCO) invites nominations and applications for the position of President. Established in 1904, SCCO is a private, independent and fully accredited four-year professional college granting the Doctor of Optometry degree. SCCO enjoys an outstanding reputation for its dynamic and progressive optometric educational program; its extensive and unequaled outreach clinical program; and its well-earned financial strength.

The President is the Chief Executive Officer of the College and is responsible to the Board of Trustees. Demonstrated success in leading an administrative team and empowering it through delegation of responsibility is required. Proactive management of finances, personnel and organization is essential to continue the demonstrated progress of the institution. The President should be resourceful in fiscal matters while maintaining a conservative fiduciary obligation.

The SCCO Board of Trustees seeks a proven leader committed to excellence in higher education and research. It is vital that the President have the ability to guide the College in the development of effective policies to deal with changes created by the expanding scope of optometric practice and new eye / vision care technology. The Doctor of Optometry degree or equivalent is preferred.

The President must possess understanding and experience in fundraising activities, planned giving, corporate and foundation solicitation, capital campaigns and endowments to ensure SCCO's non-dependence on state and federal funding, while making efforts to reduce dependence on tuition income. The President will be expected to expand the interface of the institution with the Southern California community and with new constituencies, as well as maintain and enhance the image of the institution.

The President must exhibit honesty, courage, ethics and respect for others. The President must have a vision for the future of the institution and the profession of optometry.

To assure full consideration, applications should be received by September 1, 2006. Prospective applicants are asked to send a letter of interest with qualifications, curriculum vitae, and the names, addresses and phone numbers of three references. The Presidential Search Committee will begin screening applications immediately and will continue to do so until the President is selected. All information submitted to the Search Committee will be held in strict confidence.

Please send your nominations or your application to:

Mr. Carl W. Gregory, M.B.A.
Chairman, Presidential Search Committee
Southern California College of Optometry
2575 Yorba Linda Boulevard
Fullerton, California 92831-1699
(714) 449-7453 - Email: presidentalsearch@scco.edu
EOE



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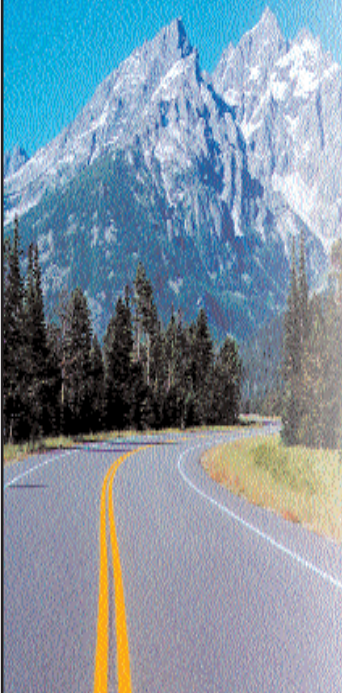
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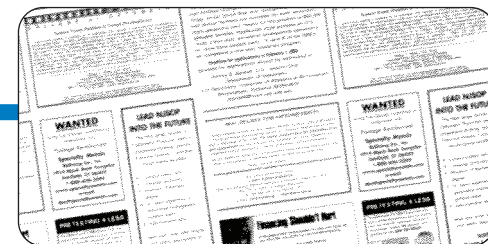


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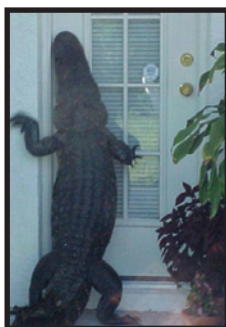
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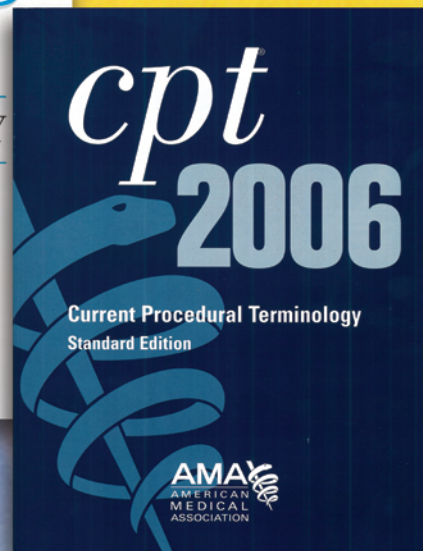
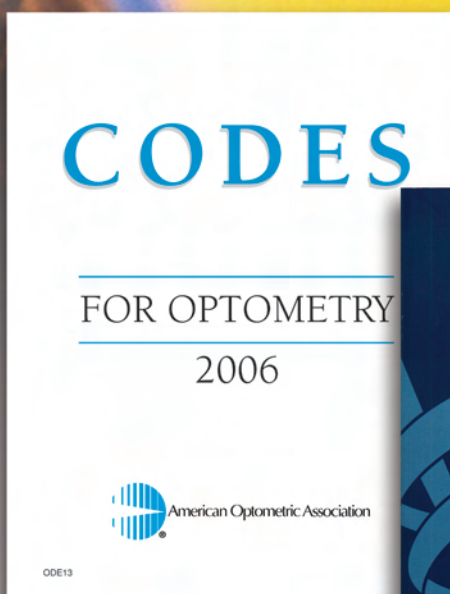
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